

SUPPLEMENTAL AGREEMENT AS TO PAYMENT OF COMPENSATION (G.S. §97-82)

IC File # _____

Emp. Code # _____

Carrier Code # _____

Carrier File # _____

The Use Of This Form Is Required Under The Provisions of The Workers' Compensation Act Employer FEIN _____

Employee's Name _____			Employer's Name _____ () _____			Telephone Number _____		
Address _____			Employer's Address _____			City _____ State _____ Zip _____		
City _____ State _____ Zip _____			Insurance Carrier _____					
() _____			() _____					
Home Telephone _____			Work Telephone _____			Carrier's Address _____ City _____ State _____ Zip _____		
Social Security Number _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F			Date of Birth _____ / _____ / _____			() _____ () _____		
			Carrier's Telephone Number _____			Fax Number _____		

WE, THE UNDERSIGNED, DO HEREBY AGREE AND STIPULATE AS FOLLOWS:

1. Date of injury: _____
2. The employee ☐ returned to work / ☐ was rated on _____ (date), at a weekly wage of \$ _____.
3. The employee became totally disabled on _____.
4. Employee's average weekly wage ☐ was reduced / ☐ was increased on _____, from \$ _____ per week to \$ _____ per week.
5. The employer and carrier/administrator hereby undertake to pay compensation to the employee at the rate of \$ _____ per week beginning _____, and continuing for _____ weeks. The type of disability compensation is _____.
6. State any further matters agreed upon, including disfigurement or temporary partial disability: _____
7. The date of this agreement is _____.

NAME OF EMPLOYER _____ SIGNATURE _____ TITLE _____

NAME OF CARRIER/ADMINISTRATOR _____ SIGNATURE _____ TITLE _____

By signing I enter into this agreement and certify that I have read the "Important Notices to Employee" printed on the reverse side of this form.

SIGNATURE OF EMPLOYEE _____ ADDRESS _____

SIGNATURE OF EMPLOYEE'S ATTORNEY _____ ADDRESS _____

☐ Check box if no attorney retained.

NORTH CAROLINA INDUSTRIAL COMMISSION
THE FOREGOING AGREEMENT IS HEREBY APPROVED:

CLAIMS EXAMINER _____ DATE _____

ATTORNEY'S FEE APPROVED _____

**IMPORTANT NOTICE TO EMPLOYEE CLAIMING
ADDITIONAL WEEKLY CHECKS
OR LUMP SUM PAYMENTS**

Once your compensation checks have been stopped, if you claim further compensation, you must notify the Industrial Commission in writing within two years from the date of receipt of your last compensation check or your rights to these benefits may be lost.

**IMPORTANT NOTICE TO EMPLOYEE
INJURED BEFORE 5 JULY 1994
CLAIMING ADDITIONAL MEDICAL BENEFITS**

If your injury occurred before 5 July 1994, you are entitled to medical compensation as long as it is reasonably necessary, related to your workers' compensation case, and authorized by the carrier or the Industrial Commission.

**IMPORTANT NOTICE TO EMPLOYEE
INJURED ON OR AFTER 5 JULY 1994
CLAIMING ADDITIONAL MEDICAL BENEFITS**

If your injury occurred on or after 5 July 1994, your right to future medical compensation will depend on several factors. Your right to payment of future medical compensation will terminate two years after your employer or carrier/administrator last pays any medical compensation or other compensation, whichever occurs last. If you think you will need future medical compensation, you must apply to the Industrial Commission in writing within two years, or your right to these benefits may be lost. To apply you may also use Industrial Commission Form 18M.

IMPORTANT NOTICE TO EMPLOYER

This form is to be used only to supplement Form 21, Agreement for Compensation for Disability (G.S. 97-82), or an award in cases in which subsequent conditions require a modification of a former agreement or award. The employee must be provided a copy of the form when the agreement is signed by the employee. Failure to file Form 28B, Report of Compensation and Medical Compensation Paid, within 16 days after last payment pursuant to this agreement may subject the employer or carrier/administrator to a penalty. Pursuant to Rule 501, within 20 days after receipt of the agreement executed by the employee, the employer or carrier/administrator must submit the agreement to the Industrial Commission, or show good cause for not submitting the agreement.

NEED ASSISTANCE?

If you have questions or need help and you do not have an attorney, you may contact the Industrial Commission at (800) 688-8349.